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equivalent for the teaching in ward and class, the expense to the hospital, the time and care of our superintendents and managers? We little thought of these things when in training; it is only now, when we learn of the work and cost, that we realize our great indebtedness.

Only a few years ago in many places the nurse had to *pay* for her training; now we receive it gratis, and often forget the loyalty we owe our Alma Mater.

We, as graduates, belong to a family united by ties of highest sentiment; let us not lose interest, either in one another or in those who year by year join their forces to ours.

Nurses are inclined to live only for themselves, each one to form a unit around which she expects the world to revolve for her own benefit, instead of using her knowledge and force for the elevation of others and the advancement of the nursing profession.

If we could stamp out the egotism that pervades our profession, and bring forth our deepest, noblest impulses, we would, with our vast numbers, have an influence that would extend throughout the length and breadth of the land. Above all, let us not lose our enthusiasm for our profession or our loyalty to our training-school and to one another.

POST-DIPHTHERITIC PARALYSIS AND ANTITOXIN

It is said that cases of post-diphtheritic paralysis are more common now than in the days before antitoxin. It is generally held that the severer forms of diphtheria are most likely to be followed by paralysis, and Professor Ransom, who has conducted a series of experiments on this point in Behring's laboratory at Marburg, states that post-diphtheritic paralyzes may be really more common now, owing to the fact that more serious cases of diphtheria now recover as a result of the general adoption of antitoxin treatment. Professor Ransom's experiments showed that the paralysis followed in a definite proportion of cases according to the severity of the diphtheria poison, and was more pronounced in severe cases which lived long enough to show the results. Antitoxin given from fifteen to twenty hours after the development of the disease in large doses exercises a subduing effect on the following paralysis. Small doses have no evident effect in diminishing the paralysis. Considering these results in relation to human beings, it is supposed that liberal doses of antitoxin given early in the illness will greatly diminish the paralysis, not only as regards the soft palate, but as regards the heart-failure also. Severe cases, however, are likely to be followed by paralysis in spite of even large doses of antitoxin.—*New York Medical Record*.